2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # M38390 1. Entity Name 02-25-2004 90058 044 \*\*\*150.00 VINCE-ANDREW CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 1035 N.E. 122 ST. N. MIAMI FL 33161 1035 N.E. 122 ST. N. MIAMI FL 33161 \* 2. Principal Place of Business 3. Mailing Address 1035 GRANT AVE CR2E034 (11/03) Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2751432 DRANGE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32763 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNETZER, VINCENT 1035 NE 122 ST Street Address (P.O. Box Number is Not Acceptable) GRAND AVE. NORTH MIAMI FL 33161 ERANGE Zip Code 3 Zフ しろ CITY 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 2-16-04 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVD TITLE ☐ Delete TITLE Change SCHNETZER, VINCENT NAME NAME 1035 GRAND AVE. 1035 N.E. 122 ST. STREET ADDRESS STREET ADDRESS N. MIAMI FL CITY-ST-7IP CITY-ST-7IP CITY FL 32763 SD Change TITLE TITLE ☐ Addition ☐ Delete NAME SCHNETZER, LISA NAME 1035 GRAMO AVE STREET ADDRESS 1035 N.E. 122 ST. STREET ADDRESS CITY-ST-ZIP N. MIAMI FL CITY-ST-ZIP CITY FL 32763 TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

SIGNATURE: Vint Sout VINTURE TO SCHNETZE 216-04 3867745058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayture Phone #

changed, or on an attachment with an address, with all other like empowered.